June 2022

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| 26 | | 19 | 12 | 9 | O ₁ | Financi: Application All Checks NO EXCEP | Sun |
| 27 | * | 20 | 13 | * | 6 | Financial Hardship Program 2022 Applications accepted June 6th - June 24th All Checks will be mailed July 15th NO EXCEPTIONS | Mon |
| 28 | * | 21 | 14 | * | 7 | gram 2022 5th - June 24th ly 15th | Tue |
| 29 | * | 22 | 15 | * | ∞ | I | Wed |
| 30 | * | 23 | 16 | * | 9 | 2 | Thu |
| The state of the s | Last Day for | 24 | 17 | * | 10 | 3 | Fri |
| 10 | | 25 | 18 | | 111 | 4 | Sat |

United Keetoowah Band of Cherokee Indians in Oklahoma

ECONOMY RELIEF 22 (ARP) FUND

Passed by Council Resolution on September 9th, 2020

The purpose of the United Keetoowah Band of Cherokee Indians Emergency Coronavirus Relief Fund – Family Composite Program is to aid exclusive tribal members due to Financial Hardship as a result of Covid 19.

The council has declared that a public health emergency exists for the United Keetoowah Band of Cherokee Indians due to Covid 19. Therefore, the Economy Relief 22 Fund will aide households to meet certain unmet essential needs due to the Financial Hardship as a result of Covid 19.

This program shall provide necessary assistance to eligible tribal households striving to enhance quality of life while promoting self-sufficiency and financial stability within the guidelines of 26 CFR 601.601 and Part I §61 of the IRS General Welfare Exclusion to Indian Tribal Government Programs.

To qualify for the Economy Relief 21 (ARP) Fund, the applicant must:

- ♣ Be an exclusive tribal member of the United Keetoowah Band of Cherokee Indians as of June 4th, 2022.
- ♣ Have been Financially impacted & experienced hardship as a result of Covid 19.
- * Complete an application form that verifies the two requirements listed above.

| Have you and/or your family been Financially in | mpacted by Covid 19: | □ YES | □ NO | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|------|--|
| Please check all that apply: □ Loss of Income □ Quarantine Expenses □ Increase in Household Expenses □ Virtual Learning expenses □ PPE Expenses | Explanation of Loss: | | | |

Print Name

Date

I verify with my signature the following: (1) I am an exclusive Tribal member with the United Keetoowah Band of Cherokee Indians in Oklahoma, (2) I HAVE NOT received nor applied for Covid 19 (CARES) direct payment from any other tribe or agency(local or state), (3) my membership is subject to verification and if it is determined I am a member of another Tribe my application will be denied, (4) myself/my household has been effected by Covid 19, and (5) all information I have provided it true to the best of my knowledge. Any false information provided (knowingly/unknowingly) can be determined perjury and subject to any and all criminal prosecutions allowable under Federal Law.

Main Point of Contact:

UKB Federal Programs Building – (918)-871-2800

Office Hours:

Monday - Friday - 8:30 a.m. to 4:30 p.m.



Federally Recognized October 3, 1950

COUNCIL

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United Keetoowah Band of Cherokee Indians in Oklahoma Emergency Coronavirus Relief Fund - Family Composite

P.O. Box 746 • Tahlequah, OK 74465

18263 W. Keetoowah Circle • Tahlequah, OK 74464 Phone: (918) 871-2797 • Fax: (918) 414-4004

Toll Free: 1-877-431-1818

www.ukb-nsn.gov

The United Keetoowah Band of Cherokee Indians in Oklahoma has declared that a public health emergency does exist for the United Keetoowah Band due to Cost-ofliving increase. All Exclusive Tribal members who are eighteen (18) years of age or older, as of June 4th, 2022, will be eligible for \$1,000.00, and each enrolled child under the age of eighteen (18), as of June 4th, 2022, will be eligible for \$200.00, of the United Keetoowah Band of Cherokee Indians in Oklahoma's share of the Economy Relief 22(ARP) funding.

(Please Print)

| Name: | Enrollment # | <i>t</i> : |
|--------------------------------------------------|-------------------------|------------------------------------|
| DOB: | | |
| Phone #: | | |
| Name: | | ł: |
| DOB: | | |
| Phone #: | | |
| Name(s) of Child(rer Enrollment number a 1 | | ited Keetoowah Band Tribal DOB: |
| | Enrollment #: | |
| | DO NOT WRITE BELOW THIS | S LINE |
| Enrollment Verificat | ion: | |
| Amount Paid: | | |
| Accounting Code: | | |

(Rev. Décember 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| : | 1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank. | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|
| Spec | 2 Business name/disregarded entity name, if different from above | | | | | | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. ☐ Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | |
| | our TIN In the appropriate box. The TIN provided must match the na | me given on line 1 to avoi | d Social sec | curity number | | | |
| backup withholding. For individuals, this is generally your social security number (SSN). F resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. entities, it is your employer identification number (EIN). If you do not have a number, see | | | a | | | | |
| | page 3. | | or | | | | |
| Note. If the account is in more than one name, see the instructions for line 1 and the chart on page | | | for Employer identification number | | | | |
| guideli | nes on whose number to enter, | | | - | | | |
| Part | II Certification | | | | | | |
| Under | penalties of perjury, I certify that: | | | | | | |
| 1. The | number shown on this form is my correct taxpayer identification nur | nber (or I am waiting for a | number to be is | sued to me); and | | | |
| Sen | not subject to backup withholding because: (a) I am exempt from b rice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and | ackup withholding, or (b) i ure to report all interest or | have not been r dividends, or (c) | notified by the Internal Revenue the IRS has notified me that I am | | | |
| 3. I am | a U.S. citizen or other U.S. person (defined below); and | | | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exem | npt from FATCA reporting | is correct. | | | | |
| Certific becaus interes genera | eation instructions. You must cross out item 2 above if you have be e you have falled to report all interest and dividends on your tax retu paid, acquisition or abandonment of secured property, cancellation by, payments other than interest and dividends, you are not required ions on page 3. | en notified by the IRS that rn. For real estate transac of debt, contributions to a | t you are current tions, item 2 doe an individual retii | es not apply. For mortgage rement arrangement (IRA), and | | | |
| Sign Here | Signature of U.S. person ▶ | Date | > | | | | |
| Gene | eral Instructions | Form 1098 (home mortg (tuition) | age interest), 1098 | -E (student loan interest), 1098-T | | | |
| Section | references are to the Internal Revenue Code unless otherwise noted. | • Form 1099-C (canceled | debt) | | | | |

Future developments, information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- . Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- · Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)

- · Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN,

if you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.